U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	-	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
E (3 Mills & S)		
OLIV TO THE TOTAL THE TOTAL TO THE TOTAL TOT		
1 File Number U 97/8	2 Fiscal Year Covered From	
	7/1/04 Through 6/30/05	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name BRUCE P GOURLEY	Name FBEW LOCAL 180	
	Labor Organization File Number 043673	
PO Box Bldg Room No If any	P O Box Building and Room Number if any	
Street 113 SPETICER ST.	Street 720 TECHNOLOGY WAY, STE. B.	
City VALLETO	City NAPA	
State C4 ZIP Code + 4 9458 9	State CA ZIP Code + 4 98558	
5 Position in labor organization BUSINESS MANA BEK		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name If any		
PO Box Bidg Room No If any		
\(\frac{1}{2} \)		
	7 b Amount.	
- Street	7 b Amount.	
- Street City	7 b Amount.	
	7 b Amount.	
City ZIP Code +4		
State ZIP Code + 4 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law that all of the information rung documents) has been examined by the signatory and is to the best of the	
State ZIP Code + 4 Sign Sign 15 Signature and verification The undersigned declares under penalty of	Perjury and other applicable penalties of the law that all of the information rung documents) has been examined by the signatory and is to the best of the	
State ZIP Code + 4 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law that all of the information rung documents) has been examined by the signatory and is to the best of the	

Name of Person Filing BRUCE P GOURLEY	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name ADAMS, BROADWELL, JOSEPH + CAND Z	a Labor Organization		
Trade Name if any	b Trust		
PO Box Bldg Room No if any	c Employer		
Street (601 GATEWAY BLUD, STE 1000	_		
City SOUTH SAN FLANCISCO State- CA			
State- C-4- + 21P Code+4 940 80 - 7037			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	The second secon	
Name	Legal Sexumes	***************************************	
Trade Name if any		** ***********************************	
PO Box Bidg Room No If any		Proportion of the Proportion o	
Street	11 b Approximate dollar value of such dealing	54.00	
City (12 a Nature of interest held or income received		
State ZIP Code + 4	12 a Nature of interest held or income received GIFT OF SINDICED	SACMON	
	40 h. A		
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name		The state of the s	
Trade Name if any		the space of the s	
PO Box Bldg Room No if any			
Street		etistinalyungu	
City			
State ZIP Code + 4		-	
13 b is the Business an Employer or Consultant 2 ?	14 b Amount of payment.		

ADAMS BROADWELL JOSEPH & CARDOZO

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

601 GATEWAY BOULEVARD SUITE 1000 SOUTH SAN FRANCISCO CA 94080 7037

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July 7, 2005

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GLORIA D SMITH

OF COUNSEL
THOMAS R ADAMS

Bruce Gourley IBEW Local 180 -720-B-Technology-Way-

Napa, CA 94558

Re Department of Labor reporting requirements

Dear Union Officer

As you may know, the Department of Labor has determined that vendors of services, such as law firms, who provide anything of value to a union or union officer must report those items to the Department of Labor on Form LM10

As a union officer you also have reporting requirements about which your labor lawyer can advise you. To make your reporting easier we are sending you this letter detailing any items we gave to you during 2004

For your reference, this firm's records reflect a gift valued at \$54 00 for smoked salmon

Should you have any questions, or need any further information, please contact me

Sincerely,

Marc D Joseph

MDJ rcd